

17399 U.S. PTO  
10/601462  
06/23/03

☐ Other:

The filing fee is calculated as follows:

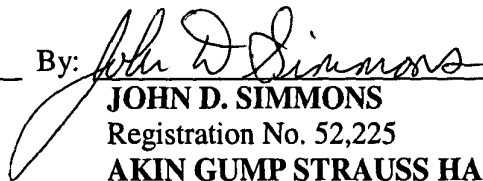
			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$375			\$750	
Total	7 - 20 =	0	X9	\$	OR	X18	\$
Independent	2- 3 =	0	X42	\$	OR	X84	\$
<input type="checkbox"/> Multiple Dependent Claims Present			\$140	\$	OR	\$280	\$
			<b>TOTAL</b>	<b>\$</b>	<b>OR</b>	<b>TOTAL</b>	<b>\$ 750.00</b>

- ☐ The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- ☒ A check in the amount of **\$750.00** to cover the filing is enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 208861.0470)** as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☐ Filing fee in the amount of \$\_\_\_\_\_ as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

**CORRESPONDENCE ADDRESS**

June 22, 2003  
(Date)

By:

  
**JOHN D. SIMMONS**

Registration No. 52,225

**AKIN GUMP STRAUSS HAUER & FELD LLP**

One Commerce Square

2005 Market Street, Suite 2200

Philadelphia, PA 19103-7013

Telephone: 215-965-1200

**Direct Dial: 215-965-1268**

Facsimile: 215-965-1210

E-Mail: jsimmons@akingump.com

☒ Customer Number or Bar Code Label: **000570**

JDS:sm  
Enclosures